



## Background Check Disclosure and Authorization

### IDPH AmeriCorps Mentoring Program



AmeriCorps Agency: Fax Completed Form with copy of Member Driver's License to Amanda McCurley, IDPH, at 515-281-4535

Agency Name: \_\_\_\_\_

This Background Check Disclosure and Authorization form documents your permission for the Iowa Department of Public Health AmeriCorps Mentoring Program to obtain a background check. The background check will include Non-Law Enforcement Records Checks in Iowa and any other state of residence using the SING (Single Contact Repository website) database and the National Sex Offender Registry check. This information will be used for the purpose of determining your eligibility to serve as an AmeriCorps member with the Iowa Department of Public Health AmeriCorps Mentoring Program.

I understand that an offer to serve with the Iowa Department of Public Health AmeriCorps Mentoring Program may be determined based on the results of this background check. AmeriCorps program member applicants and staff applicants have the right to contest and correct any information on their criminal background check that is inaccurate. To facilitate the background check, I agree to provide the Iowa Department of Public Health AmeriCorps Mentoring Program with my full name, date of birth and other personal information requested below. I understand that my failure to provide this authorization or necessary information may result in my ineligibility to serve as an AmeriCorps member with the Iowa Department of Public Health AmeriCorps Mentoring Program.

I also understand that any revocation of this authorization may result in my ineligibility to serve as an AmeriCorps member with the Iowa Department of Public Health AmeriCorps Mentoring Program.

I have carefully read and understand this Background Check Disclosure and Authorization and, by signing below, I authorize the Iowa Department of Public Health AmeriCorps Mentoring Program to perform background checks. This Background Check Disclosure and Authorization in original, faxed, photocopied, or electronic form will be valid for any such reports that the Iowa Department of Public Health AmeriCorps Mentoring Program may request.

Print Full Name (First, Middle and Last): \_\_\_\_\_

Maiden name: \_\_\_\_\_ Any other names used: \_\_\_\_\_

Social Security Number \* \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Driver's License issued by \_\_\_\_\_  
(state)

☐ Copy of Driver's License (front and back) attached

I agree with the conditions above:

Signature \_\_\_\_\_ Date \_\_\_\_\_

\*Disclosure of your Social Security Number (SSN) is required of you in order for the Iowa Department of Public Health AmeriCorps Mentoring Program for purposes of conducting a background check, as required by the Corporation for National and Community Service (45 CFR Part 2540). Federal and State law protects the privacy and security of your SSN and the Iowa Department of Public Health AmeriCorps Mentoring Program will not disclose your SSN without your consent for any other purposes except as allowed by law.